

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/681,431

FILING DATE

APPLICANT(S)

		CLAIMS					
		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
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TOTAL IND.	12						
TOTAL DEP.	25						
TOTAL CLAIMS	37						
51							
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS